

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Association of Insurance and Financial Advisors Political Action Comm

ADDRESS (number and street)

2901 Telestar Ct.

☐ Check if different than previously reported. (ACC)

Falls Church

VA

22042

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00005249

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2013

through

M M M / D D D / Y Y Y Y Y Y
01 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Matthew S. Tassey

Signature of Treasurer

Matthew S. Tassey

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
02 14 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		1010193.51
(b) Cash on Hand at Beginning of Reporting Period.....	1010193.51	
(c) Total Receipts (from Line 19)	64303.48	64303.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1074496.99	1074496.99
7. Total Disbursements (from Line 31)	35825.33	35825.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1038671.66	1038671.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	43611.89	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Comm

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	3

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8651.13	8651.13
(ii) Unitemized	55652.35	55652.35
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	64303.48	64303.48
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	64303.48	64303.48
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	64303.48	64303.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	64303.48	64303.48

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3308.33	3308.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3308.33	3308.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32500.00	32500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	17.00	17.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	17.00	17.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35825.33	35825.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35825.33	35825.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	64303.48	64303.48
34. Total Contribution Refunds (from Line 28(d))	17.00	17.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64286.48	64286.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	3308.33	3308.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	3308.33	3308.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 20
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Leonard DiCostanzo

Mailing Address 1 Eliot Place, 2nd Floor

City State Zip Code
 Fairfield CT 06824-5154

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Northwestern Mutual

Occupation
 Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 01 / 07 / 2013

Transaction ID : 11443068

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. John E. Parham Jr.

Mailing Address 3201 Beachleaf Ct
 Suite 450

City State Zip Code
 Raleigh NC 27604-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
 AXA -Advisors

Occupation
 Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
 01 / 08 / 2013

Transaction ID : 11443091

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. George C. Finklea Jr.

Mailing Address 1707 Waterford Dr

City State Zip Code
 Wilson NC 27896-1557

FEC ID number of contributing
federal political committee.

C

Name of Employer
 State Farm Ins.

Occupation
 Multiline Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
 01 / 09 / 2013

Transaction ID : 11443093

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1025.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 20
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Matthew S. Tassey

Mailing Address 5 Reggio Ave

City State Zip Code
 Old Orchard Beach ME 04064-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
 E A Scribner Insurance Agency

Occupation
 Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

01 / 10 / 2013

Transaction ID : 11443095

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. Mr. Edward A. Zabielski Jr.

Mailing Address 104 Clay Ct.

City State Zip Code
 Landenberg PA 19350-1380

FEC ID number of contributing
federal political committee.

C

Name of Employer
 New York Life

Occupation
 Financial Services Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

01 / 10 / 2013

Transaction ID : 11443130

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

C. Mr. Lawrence E. Lounds

Mailing Address 2477 Valley Oaks Circle

City State Zip Code
 Flint MI 48532-5405

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Security 1st Benefits Corp.

Occupation
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

01 / 10 / 2013

Transaction ID : 11443161

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)..... ►

630.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 20
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Robert M. Nelson

Mailing Address 14712 Shirley Street

City State Zip Code
Omaha NE 68144-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nelson Murphy Insurance & Investments,

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

01 / 10 / 2013

Transaction ID : 11443205

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. Mr. Daniel J. Scholz

Mailing Address 3619 S 55th St

City State Zip Code
Omaha NE 68106-4415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ameritas

Occupation
Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.00

Date of Receipt

01 / 10 / 2013

Transaction ID : 11443381

Amount of Each Receipt this Period

417.00

Full Name (Last, First, Middle Initial)

C. Mr. Vincent M. D'Addona

Mailing Address 341 Harbor Dr

City State Zip Code
Lido Beach NY 11561-4906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strategies for Wealth

Occupation
General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

01 / 10 / 2013

Transaction ID : 11443534

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

835.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Robert M. Roach

Mailing Address 1287 Harrison Pond Drive

City State Zip Code
Columbus OH 43215

FEC ID number of contributing
federal political committee.

C

Name of Employer

NMFN - Kemelgor Fin. Group

Occupation

Wealth Management Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

01 / 10 / 2013

Transaction ID : 11443985

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

B. Mr. R. Jan Pinney

Mailing Address 5152 Ellington Court

City State Zip Code
Granite Bay CA 95746-7188

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pinney Insurance Center, Inc.

Occupation

General Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

01 / 10 / 2013

Transaction ID : 11444244

Amount of Each Receipt this Period

208.00

Full Name (Last, First, Middle Initial)

C. Ms. Juli Y. McNeely

Mailing Address S764 Hanson Road

City State Zip Code
Spencer WI 54479-9579

FEC ID number of contributing
federal political committee.

C

Name of Employer

McNeely Financial Services Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

01 / 10 / 2013

Transaction ID : 11444488

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)..... ►

624.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Todd G. Grantham

Mailing Address 4 Montcrest Drive Drive

City State Zip Code
Durham NC 27713-8136

FEC ID number of contributing federal political committee.

C

Name of Employer
Northwestern Mutual Financial Network

Occupation
Financial Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.80

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : 11445270

Amount of Each Receipt this Period

228.80

Full Name (Last, First, Middle Initial)

B. Mr. Terry K. Headley

Mailing Address 20704 Meadow Ridge Drive

City State Zip Code
Springfield NE 68059-7086

FEC ID number of contributing federal political committee.

C

Name of Employer
Headley Financial Group

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : 11445387

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. Mr. Cale Paul Smith

Mailing Address 1956 Longwood Drive

City State Zip Code
Baton Rouge LA 70808-1247

FEC ID number of contributing federal political committee.

C

Name of Employer
Smith Financial Group

Occupation
Financial Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : 11447248

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)..... ►

1236.80

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 20
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Thomas K. Brueckner

Mailing Address 16 Duck Pond Ln

City

Merrimack

State

NH

Zip Code

03054-4834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Senior Financial Resources, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 10 / 2013

Transaction ID : 11447396

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Joseph C. Chalom

Mailing Address 8573 NW 24th Court

City

Coral Springs

State

FL

Zip Code

33065-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retirement Council, Inc.

Occupation

Financial Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 11 / 2013

Transaction ID : 11448446

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Garrett Michael Chambers

Mailing Address 5 North Browning

City

Pembroke

State

NH

Zip Code

03275-1332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dawn Chambers Agency, Inc.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 16 / 2013

Transaction ID : 11448517

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Martin T. Berger

Mailing Address 111 - 5th Ave SW PO Box 69

City State Zip Code
 Epworth IA 52045-0069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Berger Benefit Connections

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 22 / 2013

Transaction ID : 11448531

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. James Peters

Mailing Address 11702 Golden Valley Dr

City State Zip Code
 New Port Richey FL 34654-3650

FEC ID number of contributing
federal political committee.

C

Name of Employer

State Farm Insurance Cos.

Occupation

Agency Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 22 / 2013

Transaction ID : 11448540

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert A. Miller

Mailing Address 727 Smithridge Rd

City State Zip Code
 New Canaan CT 06840-3228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Miller-Pomerantz

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2013

Transaction ID : 11448566

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mr. Lawrence Wiener

Mailing Address 3981 N. 32 Terrace

City
Hollywood

State Zip Code
FL 33021-2022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pension Investors Corporation

Occupation
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 30 / 2013

Transaction ID : 11448594

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Kelly G. Herring

Mailing Address Box 202571

City
Austin

State Zip Code
TX 78720-2571

FEC ID number of contributing
federal political committee.

C

Name of Employer
Modern Woodmen of America

Occupation
Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2013

Transaction ID : 11448604

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mrs. Diane Boyle

Mailing Address 3419 N Emerson

City
Arlington

State Zip Code
VA 22207-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer
NAIFA- Headquarters

Occupation
VP of Federal Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2013

Transaction ID : 11448616

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mrs. Diane Boyle

Mailing Address 3419 N Emerson

City

Arlington

State

VA

Zip Code

22207-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAIFA- Headquarters

Occupation

VP of Federal Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 31 / 2013

Transaction ID : 11448618

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Ms. Jeanette Merenz

Mailing Address 8500 Longmeadow Dr.

City

Billings

State

MT

Zip Code

59106-1826

FEC ID number of contributing
federal political committee.

C

Name of Employer

Merenz Insurance Agency

Occupation

AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-34.00

Date of Receipt

01 / 17 / 2013

Transaction ID : 11471845

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B Totalling \$17.00 This changes the YTD Total to \$-34.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

8651.13

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address P.O. box 40031

City Roanoke State VA Zip Code 24022-0031

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 25 2013
Transaction ID : 11453154

Amount of Each Disbursement this Period

3308.33

Bank Fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3308.33

3308.33

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement

011

Candidate Name

Rep. Mike Thompson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2013

Transaction ID : 11379810

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Tom Reed For Congress

Mailing Address PO Box 450

City	State	Zip Code
Victor	NY	14564

Purpose of Disbursement

011

Candidate Name

Rep. Tom Reed

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2013

Transaction ID : 11379811

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Whitfield For Congress Committee

Mailing Address P.O. Box 391

City	State	Zip Code
Hopkinsville	KY	42241

Purpose of Disbursement

011

Candidate Name

Rep. Edward Whitfield

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2013

Transaction ID : 11379812

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Garrett for Congress

Mailing Address PO Box 905

City	State	Zip Code
Newton	NJ	07860

Purpose of Disbursement

011

Candidate Name

Scott Garrett

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NJ District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2013

Transaction ID : 11379813

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. David Vitter For Us Senate

Mailing Address PO Box 8175

City	State	Zip Code
Metairie	LA	70011

Purpose of Disbursement

011

Candidate Name

Sen. David Vitter

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2013

Transaction ID : 11379814

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 Second Street SE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement

011

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2013

Transaction ID : 11379815

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Cantor For Congress

Mailing Address P.O. Box 17813

City	State	Zip Code
Richmond	VA	23226

Purpose of Disbursement

011

Candidate Name

Rep. Eric I. Cantor

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

Transaction ID : 11414327

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Jeff Fortenberry For United States CongressMailing Address 301 S 13th St.
Ste. 401

City	State	Zip Code
Lincoln	NE	68508

Purpose of Disbursement

011

Candidate Name

Rep. Jeffrey Fortenberry

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NE District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

Transaction ID : 11414329

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Sherrod Brown

Mailing Address PO Box 76187

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement

011

Candidate Name

Sen. Sherrod Brown

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

Transaction ID : 11414332

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

Full Name (Last, First, Middle Initial)

A. Friends Of Mazie Hirono

Mailing Address PO Box 677

City	State	Zip Code
Honolulu	HI	96809

Purpose of Disbursement
debt retirement

Candidate Name

Ms. Mazie HironoOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼
General Debt 2012

State: HI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

Transaction ID : 11414334

Amount of Each Disbursement this Period

2500.00

debt retirement

Full Name (Last, First, Middle Initial)

B. Castro For Congress

Mailing Address PO Box 544

City	State	Zip Code
San Antonio	TX	78292

Purpose of Disbursement
debt retirement Funds Reported On Post 2012 General Election Report

Candidate Name

Mr. Joaquin CastroOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼
General Debt 2012

State: TX District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2012

Transaction ID : 11414346

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

debt retirement Funds Reported On Post 2012 General Election Report

Full Name (Last, First, Middle Initial)

C. Castro For Congress

Mailing Address PO Box 544

City	State	Zip Code
San Antonio	TX	78292

Purpose of Disbursement
debt retirement Re-designated funds for trans. dated 11/25/2012

Candidate Name

Mr. Joaquin CastroOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼
Primary Debt 2012

State: TX District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

Transaction ID : 11414347

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

debt retirement Re-designated funds for trans. dated 11/25/2012

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

32500.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 20 OF 20

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Comm

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Association of Insurance and Financial Advisors

Nature of Debt (Purpose):

Salary, Benefits, Copies, Supplies

Mailing Address 2901 Telestar Ct.

City State

Zip Code

Falls Church

VA

22042

Outstanding Balance Beginning This Period

31317.40

Transaction ID : 11471846

Amount Incurred This Period

12294.49

Payment This Period

0.00

Outstanding Balance at Close of This Period

43611.89

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

43611.89

2) **TOTALS** This Period (last page this line number only)..... ►

43611.89

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

43611.89